COMBINED DECLARATION and POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION²

PHARMACEUTICAL COMBINED PREPARATION CONTAINING A THERAPEUTIC PROTEIN

SPECIFICATION IDENTIFICATION

the specification of which is attached hereto unless the following box is checked:

| [X] | the specification of which v | as filed on 2 | 4 March | 2005, a | s United | States | Patent |
|-----|------------------------------|---------------|------------|-----------|----------|--------|--------|
| | Application Serial No. or PC | Internationa | al Applica | ation No. | PCT/A7 | 2005/0 | 00107 |
| | and was amended on | | | plicable) | | | |

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35 U.S.C. § 119(a)-(d) or (f) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified, by checking the box, any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed.

Note: If this U.S. application is the national stage of a PCT International Application claiming priority to a non-U.S. application, enter the non-U.S. priority details below, and make the priority claim.

| COUNTRY | APPLICATION NUMBER | DATE OF FILING (day, month, year) | PRIORITY C UNDER § 11 | |
|---------|-----------------------|-----------------------------------|--------------------------|--------|
| AT | A 556/2004 | 29 MARCH 2004 | [X] YES | NO[] |
| | | | []YES | NO [] |
| | | | [] YES | NO[] |
| | | | [] YES | NO[] |

POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

022913

U.S. PATENT & TRADEMARK OFFICE CUSTOMER NUMBER

All correspondence and telephonic communications should be directed to:

R. BURNS ISRAELSEN Registration No. 42,685 Telephone (801) 533-9800 Facsimile (801) 328-1707 bisraelsen@wnlaw.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)³

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

| Full name of sole or first joi | int inventor | |
|---|---|---|
| Seth | | HALLSTRÖM® |
| , | MIDDLE INITIAL OR NAME <u>IF ANY</u>) | FAMILY (OR LAST NAME) |
| Inventor's signature | Test Travel | |
| Date <u>// 12 Dec. 2006</u> | Country of Citizenship | |
| Residence Wien | | AT |
| (city) | , | r Country) |
| Mailing Address <u>Ferrogas</u> | se 48/2, A-1180 Wien, Austria | |
| | | |
| | | |
| D. H Carandinint in | aventon if any | |
| Full name of second joint in | ivenior, it any | GASSER |
| Harald (CAMERINAL AND | CODIE INTIAL OR MAME LE ANVI | FAMILY (OR LAST NAME) |
| (GIVEN NAME) | TIDDLE INTIAL OR NAME - IF ANY) | THIRD (OR END! HIND) |
| Inventor's signature | 2006 Country of Citizenship | ΔТ |
| | Country of Chizenship | AT |
| Residence Wien (city) | (State o | r Country) |
| | , | |
| | 1011311 d330 +7 0, 11 11 10 11 1011, 1 | 10,000 |
| Mailing Address <u>Mauerba</u> | | |
| Mailing Address <u>Mauerba</u> | | |
| Mailing Address <u>Mauerba</u> Full name of third joint inve | entor, if any MIDDLE INITIAL OR NAME – IF ANY) | FAMILY (OR LAST NAME) |
| Mailing Address <u>Mauerba</u> Full name of third joint inve (GIVEN NAME) (I | entor, if any ———————————————————————————————————— | FAMILY (OR LAST NAME) |
| Mailing Address <u>Mauerba</u> Full name of third joint inve (GIVEN NAME) (Inventor's signature Date | entor, if any MIDDLE INITIAL OR NAME – IF ANY) | FAMILY (OR LAST NAME) |
| Mailing Address <u>Mauerba</u> Full name of third joint inve (GIVEN NAME) (I Inventor's signature Date Residence | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship | FAMILY (OR LAST NAME) |
| Mailing Address <u>Mauerba</u> Full name of third joint inve (GIVEN NAME) (I Inventor's signature Date Residence (city) | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of | FAMILY (OR LAST NAME) or Country) |
| Mailing Address <u>Mauerba</u> Full name of third joint inve (GIVEN NAME) (I Inventor's signature Date Residence | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of | FAMILY (OR LAST NAME) |
| Mailing Address <u>Mauerba</u> Full name of third joint inve (GIVEN NAME) (I Inventor's signature Date Residence (city) | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of | FAMILY (OR LAST NAME) or Country) |
| Mailing Address <u>Mauerba</u> Full name of third joint inve (GIVEN NAME) (I Inventor's signature Date Residence (city) | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of | FAMILY (OR LAST NAME) or Country) |
| Mailing Address <u>Mauerba</u> Full name of third joint inve (GIVEN NAME) (I Inventor's signature Date Residence (city) | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of | FAMILY (OR LAST NAME) or Country) |
| Mailing Address Mauerba Full name of third joint inve (GIVEN NAME) (I Inventor's signature Date Residence (city) Mailing Address | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State o | FAMILY (OR LAST NAME) or Country) |
| Mailing Address <u>Mauerba</u> Full name of third joint inve (GIVEN NAME) (I Inventor's signature Date Residence (city) | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State o | FAMILY (OR LAST NAME) or Country) |
| Full name of third joint inventor's signature Residence Mailing Address Full name of fourth joint inventor's | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of the country, if any | FAMILY (OR LAST NAME) or Country) |
| Full name of third joint inventor's signature Date Residence Mailing Address Full name of fourth joint inventor's signature | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State o | FAMILY (OR LAST NAME) or Country) |
| Full name of third joint inventor's signature Residence Mailing Address Full name of fourth joint inventor's signature (city) Mailing Address Full name of fourth joint inventor's signature | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of the country, if any) | FAMILY (OR LAST NAME) Tr Country) FAMILY (OR LAST NAME) |
| Full name of third joint inventor's signature Residence Mailing Address Full name of fourth joint inventor's signature (city) Full name of fourth joint inventor's signature | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of the country, if any | FAMILY (OR LAST NAME) Tr Country) FAMILY (OR LAST NAME) |
| Full name of third joint inventor's signature Residence Mailing Address Full name of fourth joint inventor's signature City) Full name of fourth joint inventor's signature CHAPTER NAME (Inventor's signature Date Residence Residence | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of the country, if any) MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship | FAMILY (OR LAST NAME) Tr Country) FAMILY (OR LAST NAME) |
| Full name of third joint inventor's signature Residence Mailing Address Full name of fourth joint inventor's signature (city) Full name of fourth joint inventor's signature | entor, if any MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of MIDDLE INITIAL OR NAME – IF ANY) Country of Citizenship (State of MIDDLE INITIAL OR NAME – IF ANY) | FAMILY (OR LAST NAME) Tr Country) FAMILY (OR LAST NAME) |

INSTRUCTION SHEET FOR

COMBINED DECLARATION and POWER OF ATTORNEY

General. The attached document is designed to be completed and signed by each of the inventors for filing with a utility patent application, design patent application, or nationalizing a PCT application each in the United States.

Footnotes. The instructions listed below correspond to the footnotes in the document:

^{1.} The Attorney Docket No. references our internal docket number and is completed by Workman Nydegger upon receipt of the application.

^{2.} Insert the title of the invention.

^{3.} Complete <u>both</u> the "Residence" and "Mailing Address." At "Residence," insert only the city <u>and</u> state or country. A full address is not required. The "Mailing Address" need not be a residence address but can be any address, including a PO Box, where correspondence can be received.